suffered from insomnia, and looked thin and haggard; still she kept down some portion of food. But after this the enemata of chloral had procured better nights, the emesis grew more persistent, till, by the 14th, when I visited her, the remedies prescribed had lost effect, and she was in an alarming condition; every particle of nutriment had been rejected for forty-eight hours; there was headache, fleeting delirium, a pinched countenance, dry brown tongue, fetid breath, constant nausea, and little sleep, immediate ejection of everything swallowed, epigastric and abdominal pain, and a rapid thready pulse. I saw that if speedy improvement did not follow, the uterus would have to be at once evacuated, before her exhaustion went too far. First, however, by means of a bivalve speculum (Higbee's) I exposed the cervix; it was flexed, very soft; the os was patulous, and very red. To this I applied liberally, with a camel's hair brush, the ethereal tincture of iodine. This caused no inconsiderable smarting; she was able to taste the medicament, and her breath smelt of it; the nausea continued through the night, and the next day, proper restrictions not having been enjoined regarding visitors, she saw several friends and talked with them at length, so that fatigue, nausea, and vomiting continued; but this disturbance being stopped, the vomiting also ceased, and since the twenty-fourth hour after the application of iodine to the os she vomited only twice, once, a week later, on account of fatigue following a troublesome enema, and once more about six days further on, when she took too rich food. On the second day after the application she was fed on milk and lime water and champagne; in a few days she drank three pints of milk daily, besides a pint of champagne, and gradually other articles of food were added as she improved. In a week she sat up, and in a fortnight after her symptoms of great danger my attendance ceased for the present.

I think that the improvement in this case may fairly be owed to the treatment adopted, and not viewed as one of the *post hoc, propter hoc* examples. In my experience considerable nausea seldom, if ever, gives way before the end of the third month, whereas this young lady had not more than completed the eighth week. She could not have gone on with the symptoms she presented on the 14th January without, in a few days, the question becoming one of life and death; and I feel that my estimation of the cause of improvement is not erroneous. I have done this little operation now four times: once uselessly, in the case reported above, and thrice in other cases, none of them so severe as Mrs. C. D.'s, and in each of these three cases the treatment was effective. It was taught me by the late Dr. E. D. Miller, of Dorchester, who said that he never knew it to be successful unless the patient complained of smarting. I do not suppose it makes much difference what form of caustic or vesicant is used, so long as the requisite impression is made on the cervix. In this case the os was abraded; in all the others, if my memory about them is good, the mucous membrane was sound. Nor can I remember that there was any displacement or flexion in any case. Of course a limited acquaintance with obstetric literature shows that Bennett and others have pointed out the benefit — many years ago — of similar treatment of the os uteri; but it does not seem to me to have been in general use. I think, however, that many women may thus be greatly relieved of troublesome vomiting when it does not promise to go on to an alarming degree, that it is safer than other methods, particularly Copeman's, and that it is worth trying in every case of intractable vomiting.

A CASE OF TUBAL GESTATION, WITH RUPTURE AND SUDDEN DEATH.[1]

BY D. D. GILBERT, M. D.

ON the 18th of last month, January, 1883, there occurred in my practice a sudden death. The subject was a lady aged twenty-one years and seven months. She was of fine personal appearance, apparently of perfect physical development, and of rather brilliant mental endowment. The only noticed symptom of physical weakness had been a somewhat persistent, though slight, cough, during the last few years.

About two years ago she was married, and in May following was the subject of a procured abortion of a three months' pregnancy. The sickness connected with this was, I am told, quite severe, and reduced her strength so much that the invigorating influence of a residence at the sea-side during the warm weather was considered desirable. This was obtained at Nantasket, but the emanations there from an inland pond of stagnant water, "Green pond" so-called, I believe, prostrated both her and her husband with an attack of typhoid fever. Her sickness, during which I had the care of her, was severe and protracted, but she finally made a good recovery, and, during the last year, enjoyed what seemed perfect health, with the exception of severe abdominal cramps attending the onset of menstruation. The occurrence of these cramps dated from the miscarriage, nearly two years ago, and were said to grow more severe at each period, although she never sought professional aid for their relief. At her last menstruation, the pains were so severe, she said she did not think she could live through another such attack. This occurred November 23, 1882, and about December 23d, one month later, the cramps again attacked her, but not as severely, and did not usher in the menstrual flow. Again, about January 1st, the cramps recurred, but no menstruation followed.

She had been accustomed to use a privy in a cold out-building, and it was to this exposure that the menstrual suppression was attributed, although she, having regretted her former course, fondly hoped that the cessation of menstruation meant pregnancy. This, however, was the only thing which could be construed into a symptom of such condition. There was no morning sickness, nor was there any change noticed in the breasts. In her former pregnancy morning sickness had been present. In the forenoon of January 17th she felt as well as ever in her life, and at about two P. M. performed the act of defecation in the cold privy referred to. Immediately upon her return into the house she sank into a chair, saying "Those awful cramps are coming again and I know I cannot live through them."

The exposure to cold was again blamed as the cause, and she was helped up-stairs, put to bed, and the usual remedies resorted to. While getting up-stairs and to bed, although she did not at any time completely faint, several faint turns came over her. Relief not being obtained as usual, but the pain becoming more severe instead, I was sent for. I being unable to attend that day, Dr. C. E. Stedman kindly visited her for me. He examined her externally as well as the abdominal sore-

[1] Read before the Boston Obstetrical Society, February 10, 1883.

ness would permit, and per vaginam. He found a firm elongated cervix with closed os, and no tangible evidence of any accumulation (like hæmatocele) behind the vaginal cul-de-sac. He bade her friends cease undue anxiety, pronounced no evidences of pregnancy present, administered an opiate, and expressed the opinion that menstruation would appear and she would get relief. By midnight a slight show had made its appearance, and the patient was so much relieved as to get several hours' sleep between that time and morning when I called upon her. Upon my looking at her I was at once struck with the extreme pallor of her countenance, and when the napkin removed from her was shown to me, stained with less than one half ounce of blood, I said to her "You don't make much show for your looks; you look as though you had lost a quart of blood." I proceeded to examine the case, and could get no history of any special collapse, but rather of a persistent and severe attack of the cramps *which she had so often had, preceding and relieved by menstruation.* The thermometer showed a record of only 100.4° F; the pulse was rather weak, but not thready at 96. There had been no vomiting until some hours after morphine had been taken, and then was only occasional. The crampy pain was not as severe, but there was great tenderness complained of over the whole lower part of the abdomen; so marked was this that only the most delicate palpation was considered prudent. There was no swelling or tympanites. The patient said that although she felt somewhat relieved, yet there was a constant heavy pain in the abdomen, especially to the right and superior to the uterus, and she felt as though her bowels were swollen. Per vaginam, the uterus was prolapsed so that the os rested upon the perinæum, but was not especially tender, nor did it seem to be enlarged or laterally displaced. The cervix was firm and rather long, with an ordinarily closed os. The vaginal cul-de-sacs, on either side of the cervix, were not compressed, and no swelling could be felt, by gentle examination, on either side. I was impressed by the prolapsed condition of the uterus, but as I had never made any previous examination I supposed it might be her usual condition.

I felt satisfied that there was no threatening miscarriage, and that she was not pregnant. I could get no satisfactory evidence of the tumor of hæmatocele, and was convinced that the case was one of delayed menstruation with congested ovaries. With regard to the subjective symptoms, I considered that they were hysterically exaggerated, for the temperature and pulse did not seem to agree with any serious organic lesion, and during her sickness in typhoid fever the patient had manifested marked tendency to such exaggeration, arousing the whole household on several occasions with the conviction that she was dying, and when I had been sent for being relieved simply by my assurance that there was no cause for alarm. In accordance with such an opinion I left the same comforting assurance as Dr. Stedman had done, that with patience the menstrual flow would appear, and she would be relieved.

At half-past three P. M. I was again sent for, and learned that she had been fairly comfortable since my morning visit, and had turned from side to side, but rested better upon the back. The temperature had fallen from 100.4° F. in the morning to 99.6° F., and the pulse remained about the same both as to volume and rate. No show had made its appearance, but the crampy pains had returned. I repeated the vaginal examination, and found no apparent change. So confident did I feel that the uterus was empty that I gently introduced the sound to verify my diagnosis, and, perhaps, induce the menstrual flow. The uterus easily admitted the sound two and one half inches. Upon gentle percussion of the abdomen finding some dullness and possible fullness in the supra-pubic region, and learning that only about one ounce of water had been passed since the commencement of the attack, I thought, perhaps, a distended bladder might be the cause of the aggravated condition of affairs. I passed the catheter only to find the bladder empty and firmly contracted. I could get no satisfactory evidence of a hæmatocele, and the constitutional symptoms did not seem to warrant the supposition of abdominal hæmorrhage, for there was no collapse, and only so much vomiting as the opium taken or the ovarian congestion might account for. Once more I was forced to the conviction that it was merely one of those troublesome cases of delayed menstruation with ovarian congestion and hysterically exaggerated reflex symptoms. I then gave one sixth grain of morph. sulp. hypodermically at half-past four P. M., and waited until six o'clock, when I left the patient partially comfortable, but rather wishing for more opiate.

At half-past seven P. M., one and one half hours after I left her, and twenty-nine and one half hours after the first attack, she died, having been unconscious for one hour, and supposed to be sleeping from the opiate.

When I arrived at the house I was immediately confronted with the statement that my patient had sunk under an overdose of morphine. This seems to be the first idea that seizes upon the friends in every case of sudden death where morphine has been administered, and is a cogent reason why an autopsy should be insisted upon in all such cases. Of course I demurred at any such conclusion, as I had left my patient conscious one and a half hours after the administration of only one sixth grain of morph. sulp., and stated my belief that the cause of death had been internal hæmorrhage, comparatively slight at the first attack, and suddenly more copious within the time since I had left her, one and one half hours before her death. I said I could not tell what was the cause of the hæmorrhage, but suggested the possibility of tubal gestation and rupture. Afterwards in consultation with Dr. Stedman we decided that such was probably the case, and the autopsy so proved. I will relate the report of the autopsy later, but would now crave your indulgence for a moment. I have thus gone into the details of this case because in the opportunity afforded me of bringing it to the notice of this learned Society I seek for light in other parallel, or apparently parallel, cases. Dr. Thomas, in his work on Diseases of Women, says it is much easier in the lecture room or in the written treatise to lay down the distinction in these cases than it is to distinguish them at the bedside. So I admit that with the light afforded by the result it is quite easy to make a very probable diagnosis, but how, I would ask, in the early history of such a case could one find sufficient evidence of the real condition to justify the serious operative interference from which alone benefit could be hoped for? Dr. Thomas, in discussing the question of laparotomy for such cases, writes that of seventeen cases which he had seen, in one only had he been convinced of the diagnosis and

of the advisability of operating, and then he had been overruled on both points by a strong consultation.

Allow me to recapitulate. The only evidence of pregnancy was three weeks' delay of menstruation. Authorities state that in cases of extra-uterine gestation, "it is universally admitted that the uterus undergoes sympathetic engorgement, the cervix softens, and decidual membrane forms." In this case the testimony of both Dr. Stedman and myself is that the cervix was long and firm. Of the formation of decidua we had no means of judging. There had been no morning sickness. It is also stated that in tubal pregnancy the rupture is generally determined by some accidental circumstance between the fourth and twelfth week, rarely later. In this case, to be sure, the onset was sudden and followed the act of defecation, in the eighth week since last menstruation, but similar attacks of intense abdominal pain had been the accustomed precursors of the menstrual flow.

The countenance is said to be deadly pale. Such was the appearance in the present case, but there was not "the thready almost imperceptible pulse" usually found in such cases, and how many of us have not witnessed a deadly pale countenance in the subjects of intense abdominal pain at the inception of menstruation. Only two days after the occurrence of this death I was called to a simple case of delayed menstruation which presented these very features.

We are also told that accompanying rupture "there is perhaps vomiting," and that "the mental faculties remain clear." Such were the conditions in our case, but how does *this* differ from what is frequently seen in dysmenorrhœa?

After rupture, a few drops of blood are said to escape from the uterus, as in this case. But, again, how frequently the same thing occurs in dysmenorrhœa, and then ceases for a while before the flow becomes established.

Playfair sums up by saying that "too often death occurs without the slightest suspicion of its cause."

Again, gentlemen, let me ask you, can you throw any light upon the means of diagnosis, and, if the diagnosis is satisfactorily made out, what is the best course to pursue, either before or after rupture?

The autopsy presented nothing unusual beyond the accidental condition, except the caseous degeneration of the bronchial glands, and the studding of the external coat of the intestines with myriads of minute miliary tubercles. Upon opening the abdomen, liquid blood was found filling all the interstices between the intestines, and the pelvic cavity was completely filled with clotted blood. The clot was found to be firmer around the right ovary and extremity of the right Fallopian tube, which was completely encased with a still firmer clot. By carefully removing this, little by little, the tumor was found in the outer third of the tube, of ovoid shape, about one and a half inches long by three fourths inch in diameter. Upon incising the tube over it, the congested villi of the chorion were beautifully exposed, and, upon opening the sac, a seven weeks' fœtus was seen snugly stowed away. The point of rupture seemed to have been where the funis was attached, and where the placenta would have formed, rupture having taken place, as usual in such cases, before the formation of the placenta. The Fallopian tube was found to be impervious from the site of the cyst to the uterus. This is stated by some authorities as one of the causes of ectopic gestation, but Playfair says it is probably induced by the abnormal gestation.

Among the causes laid down are old adhesions or bands constricting the tube. None such were found at the autopsy, but adhesion bands were found connected with the ovaries, and may have been the cause of the severe pain accompanying menstruation. As these pains dated from the miscarriage, two years previous, perhaps it is reasonable to presume that the adhesion bands were the result of the inflammation accompanying that process.

The interior of the uterus showed a marked decidual membrane, and the right ovary clearly showed the recent corpus luteum of pregnancy, thus corresponding with the tube in which the fœtus was found. One case is on record where the recent corpus luteum was found in the ovary of the opposite side from the tubal pregnancy, while the corresponding ovary furnished none.

A PEDICULATED TUMOR OF THE ANTERIOR LIP OF THE CERVIX UTERI.[1]

BY EDWARD T. WILLIAMS, M. D.

THE tumor here shown possesses interest only from the diagnostic peculiarities of the case in which it occurred. I was called to it in consultation by Drs. O'Connell and Mecuen, of Roxbury, January 24, 1880. The patient, a woman of about thirty-five years, married, but without children, had been suffering for fourteen months with profuse menstruation and a white, at times fetid, discharge. Sexual intercourse had been regularly indulged in and was not painful, though the husband had complained of some obstacle in connection. The night before the medical consultation she had been taken with bearing-down pains, followed by the protrusion of a solid body from the vulva.

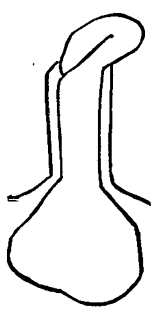

Diagram representing uterus with tumor attached. Side view.

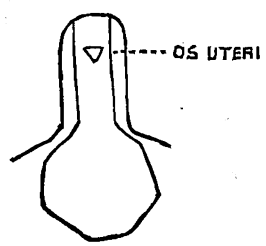

Diagram representing tumor and pedicle, rear view, showing *os uteri*.

The body as I saw it was about the size of a large apple. It was red in color, and had a firm, fleshy feel. In shape it was round, somewhat knobby, insensitive to the touch, and having a smooth, mucous surface. It grew from a stalk one and a half inches in diameter, four inches in length, perfectly round and smooth, and as it seemed springing directly from the roof of the vagina. It was suggested by one of the gentlemen present that it might be an inversion, but this was negatived by its pediculated shape and the absence of any history of pregnancy. The question was, if it was a polypus, where was the *os uteri*? On the first examination no traces of the *os* could be found, the pedicle seeming to grow directly from the vaginal roof, the

[1] Read before the Norfolk District Society, January 9, 1883.